

of bone which proved to be the separated disc-like epiphysis of the head of the femur, and was removed with necrosis forceps. This wound was dressed and closed antiseptically.

Extension was made by a double hip splint and tonics given. The progress to recovery was interrupted only by a short attack of cutaneous erysipelas eight months later and an excellent result was obtained, the patient walking well without apparatus and presenting a shortening of an inch in the left limb.—*London Lancet*, Oct. 12, 1889.

**IV. Dislocation on to the Dorsum Ilii in a Child.** By W. B. COSENS (Taunton and Somerset Hospital). A boy, æt. 7 years, fell while running a "three legged race" with a companion. On examination by Mr. Farrant, the left thigh was found to be semi-flexed, adducted and rotated inward, the ball of the great toe almost resting on the dorsum of the right foot; the great trochanter was above Nelaton's line. Extension of the limb was attended with great pain. The luxation was easily reduced by flexing the thigh on the abdomen, rotating outward and quickly bringing the leg down to a straight line with the body, the head of the femur entering the acetabulum with an audible click. This lesion is rare in children, but fifteen coming under this category out of a collection of eighty-four made by Hamilton.—*London Lancet*, October 12, 1889.

**V. Dislocation of the Hip in Children.** By J. K. DOUGLAS, M. B. (Scone, N. B.), and C. L. DIXSON, M.R.C.S. (Slantwit Major, S. Wales). Douglas' case occurred in a boy, æt. 7½ years, who, while running along the road with another boy on his shoulders, was pushed down, his left leg doubling up under him. On re-examination the usual signs of iliac dislocation of the head of the femur were found. Under chloroform the bone was readily returned by flexion, inward rotation and extension.

Dixson's occurred in a girl, æt. 6 years, who had fallen out of a cart, with her right leg bent under her. An iliac dislocation having been discovered, the dislocation was reduced by placing the operator's left foot on the right ilium and making extension of the right leg by pulling

the limb at right angles to the body.—*London Lancet*, November 2 and 9, 1889.

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**VI. The So-Called Periostitis Albuminosa.** By Dr. JOHANNES VOLLERT (Halle). Riedinger, a short time ago, described under the name of "ganglion periosteum" an affection already well known to surgeons, and which Ollier calls periostitis albuminosa.

By the efforts of Ollier, and especially those of Riedinger, an entirely unfounded etiological significance or stamp has been given to this affection. In fact, the causes of Ollier's periostitis albuminosa or Riedinger's periosteal ganglion are entirely different from those of ordinary ganglion, and thus various names can only cause confusion.

The cases described under the name of periostitis albuminosa (or exudativa or serosa) are, according to the experience of Prof. Volkmann, cases of suppuration from the beginning, either in the form of cold muscular or intra-muscular abscesses, or even begin as an original disease of the bone or periosteum.

In not a few cases of ganglion the cause may not be referred to an irritation of the joint, even though the bulging of the capsule, which through obliteration of the pedicle is converted into a blind cyst, shows at the beginning hardly any connection with the joint. The contents of these cysts are a thickened, colloid synovia. Their origin is doubtless mechanical, though it can not always be traced.

Volkmann has never seen well marked inflammations of a joint lead to the formation of a ganglion, with the exception of a few fibrinous knee joint inflammations accompanied by the formation of popliteal cysts containing rice-like bodies. But these belong to the group of hygromata.

Most of the cases of cold, mucoid or synovially degenerated abscesses observed by Volkmann were previous to the discovery of the influence of bacteria on suppuration, so that they cannot help to settle questions of any special micro-organism causing this degeneration.

Under the name of lymph abscesses, old surgeons understood cold abscesses with a very slow course and without any inflammatory symp-